

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 21 2016

1. CARRIER INFORMATION:

2387	Star Transportation, LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
8860 Piney Branch Road, #109		Silver Spring	MD	20903-3543
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(240) 338-3379	(240) 330-3450		tsegayedao@gmail.com	tgelgelu @Startr
*Telephone	Other Telephone	Fax	E-mail	NSports.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

	78304		49213
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Tsegaye Edao Gelgelu	President		
*Name	*Title		
(240) 338-3379	(240) 330-3450	tsegayedao@gmail.com	tgelgelu @
*Telephone	Other Telephone	Fax	E-mail
Startransports.com			

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
2387	2012	Toyota	5TDKK3DC0CS254513	57236B	MD	7	No
2387	2010	Chry	2A4RR2D12AR357175	57636B	MD	7	No
2387	2011	Dodge	2D4RN4DG8BR773401	58948B	MD	7	No
2387	2009	Toyota	5TDZK23C59S247401	59935B	MD	7	No

7. ***CERTIFICATION:**

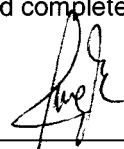
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Tsegaye E. Gergem

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

01/17/2016

*Date